



01-24-03

2814/14

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Approved for use through 09/30/2009. OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/071,456	
	Filing Date	February 8, 2002	
	First Named Inventor	David L. Dickerson et al	
	Group Art Unit	2814	
	Examiner Name	Anh D. Mai	
Total Number of Pages in This Submission	9	Attorney Docket Number	MI22-1943

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	PTO Return Receipt Postcard
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	Check no. 137685 for \$180.00
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	Form PTO-1449 with one (1) cited reference
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Customer no. 021567	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	D. Brent Kenady; Reg. No. 40,045; Wells St. John P.S.
Signature	
Date	1-22-03

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: Jan. 22, 2003	
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Signature	Date

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JAN 22 2003

FEE TRANSMITTAL **for FY 2003**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**180.00**

 Approved for use through 10/31/2002. OMB 0651-0032
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Complete if Known

Application Number	10/071,456
Filing Date	February 8, 2002
First Named Inventor	David L. Dickerson et al.
Examiner Name	Anh D. Mai
Art Unit	2814
Attorney Docket No.	MI22-1943

METHOD OF PAYMENT (check all that apply)
☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

 Deposit
Account
Number
Deposit
Account
Name

23-0925

Wells St. John P.S.

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments
☐ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION
1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 740	2001 370	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 510	2003 255	Plant filing fee	
1004 740	2004 370	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)**- 0 -**
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 84	2201 42	Independent claims in excess of 3	
1203 280	2203 140	Multiple dependent claim, if not paid	
1204 84	2204 42	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)**- 0 -**

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)
3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 400	2252 200	Extension for reply within second month	
1253 920	2253 460	Extension for reply within third month	
1254 1,440	2254 720	Extension for reply within fourth month	
1255 1,960	2255 980	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,280	2453 640	Petition to revive - unintentional	
1501 1,280	2501 640	Utility issue fee (or reissue)	
1502 460	2502 230	Design issue fee	
1503 620	2503 310	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 740	2809 370	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 740	2810 370	For each additional invention to be examined (37 CFR 1.129(b))	
1801 740	2801 370	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**180.00**
SUBMITTED BY

Name (Print/Type)

D. Brent Kenady

Signature

Registration No.
(Attorney/Agent)

40,045

(Complete if applicable)

Telephone

(509) 624-4276

Date

1-22-03

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